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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB06)					Application Number 10/607,073			Filing Date 26 June, 2003			To be Mailed		
					Applicant(s) KRIEGER ET AL.					Page 1 of 1			
							* May be	used for addi	tional claims	or amendm	ents		
CLAIMS	ASFILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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6		1			<u> </u>		56	x	-		_		
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Total	6						Total						
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Total Claims		53					Total Claims						

Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Cla se process par approximents. connectmently is governed by 50 U.S.C. 122 and 37 CFR [1.14. This collection is estimated to take 12 minutes to complete, including guidering, preparing, and solutioning the complete daptication from to the UNFIVO. Time will your depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1459, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.